

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 800000012256

1. Entity Name

CANEAR INC.

668050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11069 TAMiami

Suite, Apt. #, etc.

3. Mailing Address

TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA

City & State

4. FEI Number

651003517

Applied For

Not Applicable

Zip

FL

Country

33955

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CANDY MAGLEY

Street Address (P.O. Box Number is Not Acceptable)

11069 TAMiami TRAIL

CITY PUNTA GORDA

FL

Zip Code

33955

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Candy Magley

Signature typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reappointing)

4/30/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees.

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

GARY MAGLEY - ✓
11069 TAMiami TRAIL
PUNTA GORDA FL 33955

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2034B (12/01)